

One person per entry form. This form may be duplicated. All mail-in entries must be postmarked by 02/29/2012.

RUNNER INFORMATION

FIRST NAME MI LAST NAME

MAILING ADDRESS

CITY STATE ZIP CODE - COUNTRY (if not U.S.)

DAYTIME PHONE () - - EVENING PHONE () - - EMAIL (required)

GENDER M F AGE ON 04/01/12 / DATE OF BIRTH / / / SHIRT SIZE S M L XL XXL

PAYMENT INFORMATION

NAME ON CREDIT CARD (if paying by credit card) CREDIT CARD ZIP/POSTAL CODE

CREDIT CARD NUMBER EXPIRATION DATE / CVV2/CARD CODE (on back) CARD TYPE (circle one) VISA MasterCard

IF PAYING BY PERSONAL CHECK, please make check payable to A2A Race for Mercy

Mail completed and signed registration form to:
A2A Race for Mercy
1110 Walnut Drive
Ardmore, OK 73401

By submitting this form, I hereby acknowledge that running a road race is a potentially hazardous activity. I acknowledge that I should not enter and run unless I am medically able and properly trained. I also acknowledge there will be a possibility of traffic on the course and I hereby assume the risk of running in traffic. I also assume any and all other risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of the weather, medical conditions related to heat or hydration, and the conditions of the roads, all such risks being known and acknowledged by me. Furthermore, I agree to yield to all emergency vehicles. In addition, I am fully aware that wheels of any kind, animals and headphones are strictly prohibited and I agree not to have them on the course. Acknowledging the above, and in consideration of acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, hereby agree not to sue, and waive and release and discharge the A2A Arbucksles to Ardmore Race for Mercy, Mercy Memorial Health Center, Mercy Health System, Inc., The Sisters of Mercy Health System, and any all affiliates any and all race sponsors, race officials, volunteers, local and state police, and all municipalities including any and all of their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. THE UNDERSIGNED further grants full permission to sponsors and or agents authorized by them to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Application for minor accepted only with a parent or guardian signature.

Parent/legal guardian must sign for children under 18 years of age.

SIGNATURE (Parent/Guardian if required) _____

DATE _____

| ✓ ONE | DESCRIPTION | AMOUNT |
|---|---|-----------|
| | EARLY MARATHON ENTRY (Postmarked by 12/31/11) | \$65.00 |
| | REGULAR MARATHON ENTRY (Postmarked by 02/29/12) | \$75.00 |
| | LATE MARATHON ENTRY (after 02/29/12 – ONLINE OR EXPO ONLY) | \$85.00 |
| THERE WILL BE NO RACE DAY REGISTRATION FOR THE MARATHON | | |
| | EARLY HALF MARATHON ENTRY (Postmarked by 12/31/11) | \$45.00 |
| | REGULAR HALF MARATHON ENTRY (Postmarked by 02/29/12) | \$55.00 |
| | LATE HALF MARATHON ENTRY (after 02/28/12 – ONLINE OR EXPO ONLY) | \$65.00 |
| THERE WILL BE NO RACE DAY REGISTRATION FOR THE HALF MARATHON | | |
| | EARLY 5K ENTRY (Postmarked by 12/31/11) | \$20.00 |
| | REGULAR 5K ENTRY (Postmarked by 02/29/12) | \$25.00 |
| | LATE 5K ENTRY (after 02/29/12) – ONLINE OR EXPO ONLY | \$30.00 |
| | RACE DAY 5K ENTRY (beginning at 6:00 a.m. at stadium) | \$35.00 |
| QTY | EXTRAS | AMOUNT |
| | EXTRA SATURDAY PASTA DINNER TICKETS (**NOTE: One ticket to the pasta dinner is included in your registration fee) – \$10/ticket | |
| GRAND TOTAL | | \$ |